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OUTREACH TO ALBERTA'S AGING POPULATION

Background Paper prepared for the 1988 Annual Report of the Provincial Senior Citizens Advi·y Council

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SENIOR CITIZENS SECRETARIAT
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I am pleased to present this background paper prepared under the direction of the Provincial Senior Citizens Advisory Council for the 1988 report to the Minister of Social Services.

We hope that it will be helpful to all who are concerned and interested in older people.

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Reaching Out to Older People – Introduction

Unless they are known and easily reached, services may as well not exist. That is the situation for many older people. Some do not know about the services that are available. Others may wait until their problems become crises before seeking help because they do not realize there are preventive as well as treatment services. Some older people may have physical problems – disabilities, lack of transportation, etc. – which prevent them from using services. There may also be psychological barriers – fear, apathy, feelings of helplessness, shyness, shame.

With many older people living a great distance from their families, isolation and lack of access to needed services are problems in today's urban and highly mobile society. The Provincial Senior Citizens Advisory Council believes that to combat isolation and barriers to service, effective outreach should be a component of community service organizations providing service to senior citizens. It is with this in mind that the Council commissioned a background paper on outreach.

This background paper provides a definition of outreach, the history of outreach, the various forms of outreach, and the steps involved in carrying out an effective outreach service. The paper also includes the results of a survey of those outreach programs to seniors in Alberta which could be identified. Finally, the Provincial Senior Citizens Advisory Council formulated a series of recommendations, based on the information in this paper.

What is Outreach?

> *Outreach can be defined as promoting easy access to services. Although conventional methods of access, such as information and referral services, rely on clients to take the initiative in contacting social agencies, outreach methods are characterized by active efforts to locate, contact and engage potential clients.*[1]

Walter Haas wrote a more open-ended definition in 1959:

> *Reaching out is neither a physical act nor a technique. It is rather a frame of mind, a psychological readiness, a determination ...to find a way to help...whether the means is physical, psychological, social or some combination.*[2]

For this paper, outreach is defined as a method of attempting to:

1) identify people who are in need of services and benefits;

2) inform such people about service provisions and benefits; and

3) support them in accessing resources that are available to meet their needs.

Outreach is addressed to a defined group of people (i.e. seniors) living within a specified geographic area (i.e. the service area of a senior citizens centre).

Why Outreach?

1) Many people do not know about the services that are available.

2) Others may wait until their problems reach crisis proportions before seeking help. They are not aware that there are preventive as well as treatment services, and believe that such services are not intended for them.

3) People frequently do not have the ability to reach the services (i.e. lack of transportation).

4) People commonly erect psychological barriers – apathy, fear, shyness, shame, feelings of helplessness – which prevent them from using needed services.

History of Outreach

Reaching out to one another intuitively has always been a part of how people interact with each other. It has, in fact, been something that distinguishes us from other animals. On a more conscious, humanitarian level, outreach has a long history in the religious and community life of many cultures.

Current outreach methods in psycho-social and health services find their beginnings, before the turn of the century, in the charity movement, as described in the writings of Mary Richmond. In *Friendly Visiting Among the Poor,*[3] Mary Richmond identified the method of friendly visiting as a means of extending social services to poor people who were in need not only of financial help, but of psycho-social support as well.

As practiced by the charity organizations of the 1890s, early social work outreach provided services selectively, to the morally worthy as opposed to the morally unworthy poor. The settlement house movement of the early 1900s eventually helped to bring a more uniform, equitable approach to providing services.

Settlement houses initiated community programming, calling on everyone in the community to participate. In addition, advocacy and social action, both for the individual and for groups of people, became an integral part of their work.

In the 1940s, the emphasis in social work was on self-determination for clients. There was also a growing belief in the psychoanalytic approach to treatment. Both ideas emphasized investment by the person needing help, financially and in taking the initiative to seek help. All this led to a decline in outreach efforts. Office interviews became the means of providing service. Even today, some agencies providing mental health, substance abuse, and family counselling services operate on the assumptions that a person who does not seek out help is not sufficiently motivated to be helped effectively, and that outreach is manipulative and destroys self-determination.

During the 1960s, in the time of such movements as "the war on poverty" and the "Just Society," social work organizations began to review their work in relation to the many people who were obviously in need of help and did not have access to it. Some of these organizations came to the conclusion that they had neglected the poor and other dispossessed minorities by not reaching out to them.[4] Social agencies began to look for ways to help the

powerless minorities. The most common approach was through outreach.

Service agencies had become aware that people in need were often ill-informed about services available to them. Self-determination, it was realized, required knowledge of resources. The worker's job was to contact people, inform them about services, and be available to support them. The focus of outreach also expanded from identified clients who were in need of service "to include methods that invited people" to participate in preventive, rather than problem-focused programs.[5]

Though at first outreach was considered a professional relationship between client and worker, in the 1960s community volunteers began to get involved in outreach. Community leaders served as links between the community and the service agency in reaching out to the community. The process was generally aimed at empowering people and communities, at building mutual support systems, and at encouraging agency staff to work in partnership with the community to develop strategies for mutual and self help. As the effectiveness of reaching out to one another became more and more apparent, outreach by volunteers became an invaluable resource. It was special because it enriched social service programs with a quality of caring – neighbourliness, friendship, opportunity for mutual receiving and giving – which social service staff could not provide.

An additional benefit of outreach is the opportunity it provides for personal involvement. With so many people seeking meaningful experiences through volunteering, particularly seniors who often feel that they no longer have a goal in life, the challenge of doing outreach uses skills older people have acquired over the years. Seniors have a wealth of expertise to share.

Outreach and Senior Citizens

With the increase in services to older adults in the last 15 years, outreach has become one of the important aspects of effective service delivery to the elderly. The need to reach out to older people is particularly significant because older people are often isolated and have difficulty gaining access to services.

Two main factors contribute to isolation among older people. First, older people often live hundreds of miles from other members of their families. Second, modern urban life frequently means that during the day, seniors are likely to live in almost abandoned neighbourhoods while the younger generations are away at work and school.

At a workshop in 1980, Mary Engelmann of the Alberta Senior Citizens Secretariat said that outreach to older people:

> *...is advertising your services, in particular information about benefits, and providing this information to older persons in your community. It is actually seeking out and knowing the older persons in your community, particularly those who may be at risk, whether you are doing this from a senior centre or government service, such as a public health unit. It is linking persons in with needed services. It is providing some particular services such as visiting and other good neighbour type things, and it is geriatric surveillance. It may in a few instances mean providing a form of protective oversight and also advocacy to help a per-*

son obtain a needed service or benefit. This is the state of outreach in our province, and it is provided mainly through the larger senior centres and the community health nursing service.[6]

The senior centre movement is relatively young, and outreach to seniors as an organized, planned activity – with sensitivity for the dignity of the individual – took considerable time to become an accepted part of the services of senior centres. Senior centres, by and large, have been extremely successful in becoming important to seniors, both as places to socialize and as a means of allowing individuals to find a sense of purpose. The fundamental role of senior centres to the older individual is outlined by Mary Engelmann:

In my belief, the senior centre has a key role to play in what I call 'prevention'. Not, of course, in the prevention of old age...but in the prevention of unnecessary dependency in the later years, in the prevention of debilitating conditions that can limit one's functioning and one's ability therefore to care for oneself. Centres have a key role to play in keeping people healthy in the very broad sense of that word. In an ideal society, we would not need centres, for the elderly would be very well integrated into all facets of society, and (I quote from Robert Butler) "while we like to believe we revere our aged, our policies in reality force older persons out of the sphere of normal everyday life." It has been said... that the only role we leave to older persons is the "sick role." In that role, they do get much attention, otherwise they do not; and in that role they need not feel guilty about not working for pay in a work-oriented society....In answer then to the question, "why have a senior centre?", one can say to promote health and independence in the later years, to help the integration of the elderly in community life by counteracting some of the isolating factors that so often accompany aging in western society. [7]

Because of an emphasis on wellness, senior citizen centres tended to be relatively slow in reaching out to isolated, frail, handicapped, emotionally feeble or intellectually failing old people. Often there was concern that the "well" seniors would abandon the centres if the "unwell" seniors started using them. There seemed to be the perception that the well would be frightened by seeing what could happen to them by being faced by the less fortunate among them. In addition, operating a centre that provides opportunities for enjoyment, for developing friendships, for learning and new experiences, and for constructive use of time and regaining a sense of purpose was in itself a large task. Most centres were sparsely staffed and, with no well-organized volunteer program, finding time to reach out in a significant manner was not possible. Outreach, consequently, was often not possible in developing centres.

However,

1) the potential of older people to care for themselves even when frail and disabled;
2) the overwhelming evidence that older people desire to remain independent in their own homes and generally do much better there as part of a caring community; and
3) the high cost of institutional care

are all factors that led to the development of support services to the elderly to help them remain in the community. Service agencies, including senior centres, began to examine their role in working with the isolated, frail, disabled and socially disadvantaged old.

To serve only those who can get to an agency on their own is to limit service to the relatively strong – those who are able to look at their own problems, to know they need help and get themselves to and through the door of the agency.[8]

Reaching out to those older people who may need services but who, for various reasons, do not avail themselves of help has become an accepted activity of organizations working with the elderly. The question now is how to reach out effectively and ethically.

Sources of Outreach in Alberta

To review the outreach resources for seniors in Alberta, a survey was conducted of the 1986 annual reports of Family and Community Support Services (FCSS)-funded organizations. Several administrators of FCSS-funded outreach organizations were interviewed, as were officials from the Coordinated Home Care Program, Community Health and Mental Health Services. The results of this research and of information gathered from written material on some of the programs are summarized under six headings as the major sources of organized outreach in Alberta.

In addition, a questionnaire on outreach was sent to:

1) the FCSS-funded organizations and other social service centres believed to be doing outreach to seniors, and

2) all the health units, to both the community health nursing and home care programs, in the province.

An analysis of the questionnaire results follows the discussion on the review of six sources of outreach in Alberta.

Six Sources of Outreach

The six major sources of organized outreach in Alberta are:

1) the faith community,
2) health units,
3) Alberta Mental Health Services,
4) Family and Community Support Services (FCSS)-funded and other social service organizations,
5) recreation services, and
6) educational facilities.

1) **Outreach by the faith community** – is primarily focused at its own members, but some religious organizations work extensively with the larger community. The work of the latter groups falls under section (4) *FCSS-funded and other social service organizations*. They tend to operate under the same philosophical basis as the secular organizations.

2) **Outreach through the health units** – Through the community health nursing service, health units generally follow up on older people identified as being "at risk" when seen at clinics, such as inoculation, blood pressure or foot clinics. "At risk" includes physical, intellectual or emotional concerns. Surveillance and more active intervention, when permitted by the senior and when appropriate, may be maintained. Referral to other community resources may be made.

   The health service may also provide a "bereavement" follow-up program. The local

community health nurse visits families that have suffered a loss through death, and will continue to monitor the family or refer them to appropriate services as required. The weakness of the program is that in some health units it has low priority – with visits scheduled only if time is available. In addition, some nurses get little if any training on bereavement follow-up techniques, and feel uncomfortable in dealing with this part of their job.

A third type of outreach that may be carried out by community health units is exemplified by a program initiated in the Smoky Lake office. It is a systematic effort to reach all seniors in the area through an active search for older people by, for instance, reviewing voters' lists. Identified seniors are referred to the community health nurse for an outreach visit.

Publicity in various forms is a fourth way that health units reach out. Brochures, for instance, are left for public distribution in doctors' offices. Talks on various health issues, including services available to the older person, are given in places where seniors tend to congregate, i.e. senior citizens' housing developments.

Lastly, health units usually accept reports of concern about the health and welfare of older people. If appropriate, assessment is done by the local community health nurse through a home visit.

3) **Outreach by Alberta Mental Health Services** – varies from region to region.

Alberta Mental Health Services offers assessment and treatment services to moderately to severely disturbed people and educational, preventive services on mental health. The approach to service delivery is, for the most part, determined locally, within each region. In at least one region, a special psychogeriatric service has been established. What is unique ("landmark" was the term used by an Alberta Mental Health official) about the psychogeriatric service is its outreach approach. Whereas Alberta Mental Health Services generally expects the client to request service, the psychogeriatric staff may visit people's homes to offer service.

There are three treatment modes used by the psychogeriatric service: support, chemotherapy and referral to community resources. Service is delivered on a one-to-one basis through a "primary therapist." Time constraints have made it difficult to develop other initiatives – preventive, promotional, educational and group approaches. Still, out of the efforts of staff, group programs – such as an Alzheimer support group – have been initiated. Staff also spend time in consultation, coordination, education and general information sharing with staff of other organizations. On invitation, staff will also lead mental health-related outreach programs for groups of older people, for example at lodges and other senior housing complexes, and for groups of relatives of older people.

Treatment efforts are distributed approximately as follows:

1/3 to people suffering from depression,

1/3 to people with dementias,

1/3 to people with long-term psychiatric illnesses who are at least 65 years old.

About half have families closely involved

with them, and half have remote or no family connections. If a family is involved, the psychogeriatric unit will work with the family on psycho-educational issues and provide support. Referrals to the service come primarily from the professional community. There are very few self-referrals.

Drug and alcohol abuse requires an outreach and treatment approach not provided by the psychogeriatric unit. AADAC will work with people who ask for help, but active outreach is not provided.

4) **Family and Community Support Services (FCSS)-funded and other social service organizations** – are the fourth source of significant organized outreach to older people in Alberta, and certainly the fastest growing. With FCSS's emphasis on prevention, community support and local initiative, FCSS funding bodies across the province have viewed outreach to seniors as an appropriate endeavour for funding.

For this paper a review was done of outreach services to older adults as reported in 1986 reports of organizations receiving FCSS funds. Fifty-two organizations reported reaching out in some way to seniors. There was a significant variety in outreach endeavours. Some were limited to operating with a simple, neighbourly approach of concern and friendship – such as visiting senior centre members/friends in the hospital – and affected less than 10 people. Others had complex operations, large in scope, and often integrated into an extensive package of services to older people. A few, because they were located in an area where many seniors were "dispossessed," suffering from alcoholism and/or were mentally unwell, developed a special expertise to work with such people. Some projects had as their main objective outreach; one had the word "outreach" in its name, and yet outreach work was not mentioned as a service activity. Some outreach programs operated almost wholly on volunteer effort; other outreach programs were delivered by staff only. Most organizations, however, offered service in a combination of coordinated volunteer and paid staff effort.

The majority of the outreach projects were characterized (defined outreach) by friendly visiting to the isolated, frail and/or disabled (31). Telephone contact (17), transportation (17) and shopping assistance (15) were three other frequently noted services. Other services commonly mentioned were: socialization as a means of outreach (for instance, bringing people to a centre "for Tea and Chatter") (16), home help and handyman assistance. Though not specifically mentioned, some measure of outreach in the form of publicity was practiced by most organizations in one way or another. Only three noted having done a survey, and one was planning, through a PEP program, to visit door-to-door. The media, newsletters and posters were commonly used to invite people to participate. Some of the larger senior centres had an extensive, well-orchestrated approach to broadcasting to the total community so as to reach the non-users of service. Less frequently mentioned services were "companion-sitting" (2) and monitoring/surveillance of people at risk (7).

By far the major agents of outreach under FCSS auspices were the senior centres. Thirty of the 52 outreach programs were part of senior centre or drop-in centre programming. Most of the others were delivered by organizations specifically developed

for outreach and for community home support services to older people.

The largest number of outreach programs has been developed in the cities of Calgary and Edmonton. Calgary had 20 and Edmonton eight. Though the two cities differed substantially in the number of outreach organizations, they may not have differed greatly in actual outreach efforts. Edmonton appears to be the only major centre which developed an extensive service to the elderly through its municipal social service department. It has eight community service centres, with each offering some measure of outreach to older people – dependent on the perceived need for it.

5) **Recreation Services** – Often forgotten for their ability to reach out with interesting programs to people are the municipal recreation departments across the province. Many departments attempt to include, while others specifically plan for, senior citizens. Because programs are well advertised, they may be considered as a form of significant outreach to people who may not otherwise be involved in the community. In addition, Parks and Recreation departments have been the early initiators of senior centres. Initially these centres were aimed at the active, healthy older person. Of late, however, programming is moving its focus to encourage people to participate at their own level of ability – no matter how handicapped they might be.

6) **Educational Facilities** – Recreation departments, educational institutions, such as the universities, are not usually considered outreach sources, but, through their massive advertising and stimulating programming, educational facilities frequently appeal to people who otherwise remain isolated. Some public libraries offer a much appreciated book-lending service for shut-ins.

Outreach Survey

The questionnaire and the cumulative responses to the survey are to be found in the Appendix. There are undoubtedly more outreach organizations in Alberta than those surveyed. It was not possible to identify and contact every formal outreach organization in the province. Many of the religious organizations doing outreach, for instance, were not surveyed. However, it is believed that enough organizations were contacted to provide a reasonably accurate picture of outreach in Alberta.

The questionnaire on outreach that was mailed to non-government organizations got a high rate of response (81.5 per cent), particularly from the social service organizations (mostly FCSS-funded) (87.7 per cent).

The return rate of the health units and the home care programs was 75 per cent, mainly because of the home care offices' lower rate of responding. This was likely because home care programs and community health are under one administrative structure, and the health units replied for both.

Of the 119 organizations who received the questionnaire, 65 were FCSS-funded or were other social service programs. Community health and home care offices each accounted for 27. In total there were 97 replies – 57 from social services organizations, 26 from community health and 14 from home care. Of the 65 organizations from the social service sector, 43 were senior citizen centres or associations, with

several of them being multi-function agencies with an extensive range of services.

Twenty of the organizations responding indicated that they were not involved in outreach. Of these, 15 were in the social service sector, and five were in the health sector.

Not every organization answered all of the questions, and from the answers one may infer that some of the questions may have been misunderstood. For instance, in question 2, several organizations gave extremely high figures for the number of people they reached out to per month (in one case 2,000 per month). It is assumed from this that some organizations included their total clientele as outreach recipients. One must, therefore, interpret the information obtained with some measure of latitude, but with the assurance that the figures give a reasonable indication of how social service and health units generally interpret the purpose of outreach, how they deliver outreach, in what way they deploy volunteers and support them, how these programs are funded, what some of their problems are, and what they see as possible ways in which their organizations can be helped.

The survey indicates that Alberta social and community health services to seniors see outreach as a very important part of their service responsibility. Out of 97 respondents, 77 saw themselves as providing outreach to seniors.

The outstanding difference between the health (community health and home care) and the social service organizations was in relation to one of the purposes of outreach. Whereas 83 per cent of the social agencies saw "locating isolated seniors" as being one of their purposes for outreach, only 17 per cent of the health units noted the same reason. This is understandable because many of the social service agencies are senior citizen centres where the prime objective is the prevention of loneliness and isolation. When it came to "locating seniors who need service," the two service disciplines were almost identical (88 per cent social services and 80 per cent community health). Door-to-door canvassing (22) and surveys (20) were the least used ways of initiating contact both by health and social services.

A significant similarity for both social and health services was in relation to home visits (37 and 34 respectively) and "visits on referral" (39 and 34 respectively). The high rate of home visiting may be interpreted as a measure of effective outreach practice in the province. The need for personal contact is generally recognized among outreach workers, and seniors usually prefer the initial contact at home. In addition, a recent study documents that personal contact is the most effective way of influencing people, with the following measures being of descending effectiveness: telephone contact, personal letters, form letters and publicity.[9]

The survey shows that the use of volunteers, as an important component of outreach, was particularly prevalent in the social services sector (38 out of 42), though, surprisingly, there was a significant involvement of volunteers in community health programs, too (14 out of 40). Actual numbers of volunteers used by the social service sector was 1,606 and the health sector 495. It may be that some centres reported their total number of volunteers rather than only those involved in outreach.

Accountability for volunteer work and to volunteers appeared built in for most of the organi-

zations which employed volunteers because almost all of them had some form of volunteer coordination (43), recruitment (44), training (42), supervision (48) and recognition (42). Reimbursement for expenses to volunteers was the exception rather than the rule (18).

In relation to skills, educational background and prior experience of staff, the health sector was far more consistent, particularly with reference to educational requirements. Professional training was almost a universal expectation. For social services, 19 organizations expected a university degree or community college diploma in social services. Seven asked for grade 12. Some of the senior citizen centres leaned heavily on skills in office procedures (typing, budgeting), but most of the organizations looked for communication and interpersonal skills, ability to understand older people, listening ability, and organizational and management skills. In some instances, it appeared that, in outlining the requirements for an outreach worker, some organizations were describing staff more suited for management than outreach programming. For previous experience, commonly sought background was in working with older people, volunteer management, life skills, and "related experience."

The health sector's most frequently listed skill requirement for outreach staff was in assessment; for past experience community health nursing was noted.

Funding for social service agencies was mainly through FCSS allocations (33); for health programs, it was totally health unit funding.

Most outreach services maintained statistics on outreach (57). It was gratifying to note that the organizations found constructive uses for the statistics by using them for evaluation (57), planning (57), coordination (41) and advocacy (29), as well as for funding applications.

Causing the greatest difficulty to organizations in their outreach ventures were insufficient funds (46) and staff time (49). Not enough volunteers (17) was another problem.

To assist organizations in their outreach work, there appeared to be interest in a workshop on outreach (30), in a resource person to review outreach programs (26), in literature on outreach (36), in brochures for public distribution (29), and in a newsletter on outreach (28).

Steps in Reaching Out

Though reaching out is a basic, universal interaction, practiced daily in innumerable ways, it may also be a complex process whose use and potential deserve extensive research.

When an organization decides to reach out, it is important to define what the purpose of outreach should be, to whom it wishes to reach out, through what means, and by whom. There are some basic steps that an organization should consider when planning an outreach program.

The first step is to be clear about the *purpose of the proposed outreach.*

> *There are many different purposes for developing outreach intervention, and those purposes affect the (operational) goals, objectives and the methods used in such programs. Four major purposes for outreach efforts are:*
>
> *1) publicizing a...social service program...provided by...[the] agency,*

2) *responding to legislation or another social mandate to work with a particular group or [individuals with] a particular social problem,*

3) *increasing the use of a social service by helping clients link a social problem to the program and benefits designed to ameliorate the social problems, and*

4) *helping overcome resistance, barriers and blocks to the use of needed resources.*[10]

A statement of purpose is essential not only to provide a direction to the process, but to help in obtaining funding and in analyzing the resources needed to accomplish the outreach tasks.

The second step is to *identify the barriers and resistance* that may occur in implementing outreach and to address these. For instance, because outreach may increase the workload by bringing more people forward for service, an already over-burdened staff may resist outreach efforts. Staff may also prefer to work with highly motivated people – those who come to the agency on their own to request service. The potential service recipient, at the same time, may have misapprehensions about the agency and concern about loss of personal integrity in accepting help. By identifying negative attitudes toward service acceptance, an organization may be able to develop strategies to assist outreach workers and recipients of service to overcome fears and distrust.[11]

Developing a *data base* is another step useful in outreach. Through surveys and data collection the outreach organization becomes familiar with the characteristics of the target group and the community – the strengths and weaknesses, the needs, the social networks. Later, ongoing data collection on outreach activities gives information on the effectiveness of outreach efforts and, therefore, becomes the source for *program evaluation.*

With data available, one may then move to *identifying the target group* and to *planning methods of contact.* Is the outreach going to be door-to-door, through advertising, by projecting a warm welcoming attitude in the centre, or by encouraging social agencies to refer appropriate people to the centre?

Initiating outreach, of course, is what the process is all about. It is often the step that makes or breaks the process of people helping themselves. Estelle Booth puts it succinctly in relation to group programming:

> *The importance of "instant involvement" through "immediate satisfaction" has been demonstrated over and over again... Once they [the hard to reach]have...[experienced] an activity which has not appealed to them, it is doubly hard – if not impossible – to help them return.*[12]

More important than "instant involvement" and "immediate satisfaction" is the need to be sensitive to the feelings of the person to whom the outreach is directed. People who feel alienated and alone, when rebuffed by insensitivity, tend to withdraw even further from social contact.

Outreach, therefore, is often work that requires sensitivity, skills in assessment and social relationships. For people who are relatively open and trusting, initial reaching out may be an appropriate involvement for an intuitive, empathetic volunteer. However, outreach to people who are distrustful, alienated, mentally

unstable and/or suffering from substance abuse is extremely difficult, even for skilled, professional staff. Such a task should not be assigned to a volunteer – at least not without training, supervision and support for the volunteer, and only after the recipient of service, the volunteer and the professional worker have first worked out clear guidelines, responsibilities and expectations.

The *outcome of outreach* may be the expectation that the recipient of outreach is more informed and better prepared to make decisions about her/his needs and what to do about them. The last step in *outreach – follow-up – depends on that decision.* If the individual chooses to seek service, referral to appropriate resources and/or service delivery from the outreach organization are provided – with support being offered to meet the person's need for it. If the individual is not ready to seek service, the outreach may need to be continued. If, however, the individual makes the choice not to seek help, the agency needs to respect her/his right to privacy and self-determination. The agency is left then with the dilemma of deciding whether it has the right to monitor the circumstances of such an individual, and, at a more appropriate time, again reach out.

Recommendations

The Provincial Senior Citizens Advisory Council views this background paper as a discussion paper to stimulate debate among the outreach agencies – who are, after all, our experts – and to get their views on the future of outreach to seniors. It is acknowledged that there is no single right way to do outreach, and that different people will have different approaches. There are, however, some things we should do in all situations and some we should never do; the outreach community needs to define these for itself in writing and adopt them as a standard for practice.

The Provincial Senior Citizens Advisory Council was deeply impressed by the quality of responses received to the survey questionnaire. The commitment of social service and health organizations to ensure that older adults have the opportunity to access services and to participate as fully as desired in community life was evident from the high percentage of replies and from the thoughtfulness of the comments. The council, in making its recommendations, in no way wishes to imply that the work that these organizations are doing is of poor quality or lacking dedication. Alberta citizens are fortunate to have such an interesting variety and large number of dedicated voluntary agencies working with and on behalf of their older people. Some of the council recommendations reflect current practice.

The recommendations which follow are a reflection of some of the issues noted in reviewing outreach as it appears to be practiced in Alberta. These recommendations, with three exceptions, clearly cannot be directed to the provincial government because of the fashion in which these services are funded and delivered in Alberta. The recommendations are, of necessity, directed to the services themselves and local government bodies.[13]

1) A common concern expressed by organizations working with the elderly is the need for networking, consultation and coordination of services. Rushed referrals without adequate preparation of the person being referred, poor coordination, and limited staff knowledge of other agency services can

make the clientele distrustful and reluctant to use services.

It is recommended that organizations serving older people develop methods of collaborating and sharing their skills with each other.

2) Outreach requires the involvement of more than the professional community. Much of outreach is based on neighbourly concern, friendship and trust. That kind of relationship is most appropriately developed through the services of volunteers.

It is recommended that outreach programs continue to work in partnership with the community and individual volunteers.

3) Volunteers are a valuable resource and need to be assigned to tasks that are manageable for them and provide them with some measure of satisfaction. They need orientation, supervision, support, and recognition from the agency with which they work.

It is recommended that outreach organizations have at least a part-time volunteer coordinator (paid) with skills in volunteer management. This coordinator would be able to give support to volunteers and maintain their interest and enthusiasm.

4) Reaching out to some people is difficult because they have learned to be suspicious, apathetic or feel that they are unworthy of help; a few may be emotionally ill. Such people usually need skilled attention.

It is, therefore, recommended that for some older people with special problems, whenever available, trained staff, skilled in outreach, make the initial contact, assess the older person's needs, and develop a service plan – which may include, with the older person's approval, the introduction of a volunteer.

5) It is further recommended that for those organizations without trained staff, a partnership be developed with a local resource agency or department which does have trained staff, to provide the initial contact, assessment and service plan for difficult outreach circumstances.

6) Some community organizations, out of necessity and with dedication and hard work, have developed a skilled service, sensitive to the needs of hard-to-reach older people such as alcoholics and the mentally ill. However, government departments and government-sponsored organizations need to develop leadership and services to supplement existing programs and provide service where it does not exist.

It is, therefore, recommended that *Alberta Mental Health Services* review its service delivery to older people to ensure that outreach services (home visiting) for older people with mental disorders is available throughout Alberta.

In addition, it is recommended that the *Alberta Alcohol and Drug Abuse Commission* develop services for older Albertans.

7) Violence in the family is becoming acknowledged as a problem that is not uncommon in most cultures. Old people may be members of families which subject them to violence and other forms of abuse. Because violent behaviour is often hidden from the

world outside the family, effective work with abused people requires skilled outreach.

Consequently, it is recommended that organizations develop in their staff a sensitivity to older people who appear subject to abuse and/or neglect, and an ability to reach out to those in need by linking them with appropriate services.

8) Outreach is a term that includes many activities aimed at making services accessible and acceptable to people.

It is recommended that the management of organizations providing outreach ensure that staff and volunteers clearly understand the objectives and methods of their outreach program.

9) Funding was a concern of many of the agencies doing outreach or wanting to initiate outreach.

Since outreach is a means of informing people and making services accessible to them, it is recommended that municipalities review their allocation of FCSS funds in relation to seniors. Organizations that are having difficulty in doing outreach should look at the possibility of applying for FCSS funds to allow them to hire people with greater expertise in outreach, and/or train existing staff.

10) The survey indicated widespread interest in information, and a desire for educational opportunities and some means of contact (such as a newsletter) among outreach organizations.

It is recommended that a workshop on outreach to seniors be initiated by the *Alberta Senior Citizens Secretariat* or an interested inter-agency group.

11) It is also recommended that the *Alberta Senior Citizens Secretariat* welcome information from outreach organizations and staff about outreach issues, and distribute this information either through the Fact Sheet or by separately passing it on to appropriate organizations.

12) In addition, the *Alberta Senior Citizens Secretariat* could be asked to develop its own consulting service, or assemble a list of consultants available to work with outreach organizations. Consulting assistance would be particularly helpful in the area of program review, and in providing comparative information on the practices of other outreach organizations. Alternatively, FCSS-funded and other outreach organizations could be assisted by their municipalities in developing their own consulting services.

13) According to the review of FCSS annual reports and the survey conducted on outreach, outreach activity to seniors in Alberta is extensive. Significant human and financial resources go into outreach efforts each year.

To ensure that resources are used effectively and people are served appropriately, it is recommended that research on outreach be encouraged.

FOOTNOTES

[1] Ron Toseland, "Increasing Access: Outreach Methods in Social Work Practice," *Social Casework*, April 1981, p. 227.

[2] Walter Haas, "Reaching out – a Dynamic Concept in Casework." *Social Work*, July 1959, p. 44.

[3] Mary Richmond, *Friendly Visiting Among the Poor*, New York: Russell Sage Foundation, 1899.

[4] Richard Cloward & Irwin Epstein, "Private Social Welfare's Disengagement from the Poor," *Social Welfare Institutions*, ed. Mayer Zeld, New York: John Wiley, 1965, pp. 603-44.

[5] Robert Sunley, "New Dimensions in Reaching Out Casework," *Social Work*, April 1968, pp. 64-75.

[6] Mary Engelmann's welcoming address to *The Workshop on Outreach and the Aging Community*, Edmonton: Alberta Senior Citizens Secretariat, October 1980.

[7] Mary Engelmann, *Canadian and European Centres*, Edmonton: Alberta Senior Citizens Secretariat, p. 2.

[8] F. Estelle Booth, "The Neighborhood Center: Effective Instrument of Outreach," *Challenges Facing Senior Centres in the 1970's*, ed. Alice D. Wolfson, New York: The National Council on Aging, 1969, p. 90.

[9] Martin G. Kushler and William S. Davidson, "Alternative Modes of Outreach: An Experimental Comparison," *The Gerontologist*, Vol. 18, No. 4, 1978.

[10] Ron Toseland, *op. cit.*, pp. 229-30.

[11] *Ibid.*, pp. 230-1.

[12] Estelle Booth, *op. cit.*, p. 95.

[13] Only those recommendations directed to provincial government agencies are included in the 1988 report of the Provincial Senior Citizens Advisory Council.

APPENDIX A

Examples of Outreach in Alberta

A. An inner city social service agency for seniors in one of Alberta's cities, this organization operates an outreach program, a residence for older people, a housing registry, a drop-in centre, and a volunteer program that is involved in all aspects of the organization. It has close ties with other inner city agencies and is respected by the communities in which it operates.

Although outreach is the name of one specific organizational program, outreach is built into all programs. The residence for "hard-to-house" inner city elders is considered to be a "rooming house" in deference to the residents who have spent many of their years in the neighbourhood rooming houses. Many of the residents are drinkers, and there is no expectation placed on them to "reform." The primary goal of the organization is "to lend a supportive hand to seniors in whatever way we can. We believe seniors have the right to choose their own life style...." The residence exists "to provide a safe, supportive non-restrictive place to live."

The drop-in centre reflects the same philosophy. It is located in an unassuming hall, but it is cozy and welcoming. Different volunteer groups provide hot meals daily. The centre is open on weekends – a time that is often a low point in a single senior's life.

The outreach service is "to reach out and bring services into the homes and lives of inner city seniors. The outreach worker may go from door-to-door in the neighbourhood, visiting seniors. The worker spends time in the drop-in centre to ensure a reaching out attitude is maintained there. Time is also spent in talking to people on the street, as the neighbourhood has an extensive street life. Information and advice are provided, as is advocacy and follow-up.

Another service with outreach implications provides "a helping hand" to seniors in the community. The service includes accompanying seniors when they shop, providing transportation to medical appointments, helping them to budget, and generally providing concern and friendship.

Volunteers are involved in all aspects of the organization, but the more demanding work, such as the initial outreach, the visiting of people in very difficult situations, the responsibility for "animation" and keeping things going, belongs to the paid staff. Employees are selected not for their professional credentials, but for appropriate background experience and personal suitability. Program participants are invited and encouraged to volunteer.

B. This senior citizen centre is located in a city in Alberta. It is a "multi-function" centre, providing a wide variety of services to older citizens, including outreach. One of its services is counselling. In that capacity, the staff became aware that some of their clients were being abused. As the workers received training and became more knowledgeable in recognizing and reaching out to abused people, they

developed what may be considered a new, valuable outreach program – outreach to abused older people.

The centre now reaches out to people who are abused by:

1) helping them to recognize that they are being abused and that they need not tolerate such behaviour;

2) providing a safe place where they are free to talk and explore options for dealing with the abusive relationship; and

3) supporting them in the decision they make and, even if they decide to do nothing, assuring them of the continued support of the centre.

In addition, the centre publicizes, through talks and the media, the possibility that older people may be abused, what is considered abusive behaviour to the elderly, and where one may get information, direction and support.

C. A Family and Community Support Services (FCSS) office in a rural area operates this outreach program "for seniors and disabled." Outreach consists of:

Friendly visiting: providing friendship and neighbourly services to seniors who would enjoy or need a visitor.

Programming: providing assistance to community groups interested in offering workshops and/or seminars.

Assistance with forms: helping seniors complete forms for pensions and other benefits.

Referrals: helping older people locate and make contact with the right agency and/or organization.

Resource lists: helping seniors make contact with local agencies and people who can assist them.

Inter-group contact: providing information on what various groups in the community are planning.

This list is not an unusual one for describing the outreach services of various programs across the province. The list includes services which may not necessarily be considered outreach to seniors, but are, rather, services to seniors who request help, work with community groups that serve seniors, and an information and referral service. However, the pamphlet that provides this description of outreach services is in itself an effective outreach tool because it is widely distributed.

The FCSS office serves a large farming and logging district in which the ups and downs of the oil industry play an influential role on the well-being of the residents. When there is oil exploration, there is an influx of younger people and young families into the district, and the local businesses prosper. When exploration drops off, the economic well-being of the area residents deteriorates significantly, and many of the people who moved in with the boom, as well as other residents needing employment, move away to find work elsewhere. The constant factor in the district is the older population, the people who have lived there many years. Their income is not drastically affected by the boom nor the subsequent bust. They appear committed to their community, and give it a sense of history, purpose and continuity.

Outreach in the area is primarily an expression of neighbourliness. Though there are no large settlements, people within this large district seem to know each other well. People participate in outreach willingly because they know each other. Neighbourliness, being a tradition, seems to make reaching out to others a familiar and accepted activity. There appears to be an atmosphere of partnership between FCSS staff and volunteers. The FCSS office is visible in the community and is known for its involvement with older people.

D. This large multi-function senior centre in a city puts its emphasis on bringing information to older people in the city. Since it opened, the centre has been aware that many people do not have the information that may be helpful to them. It is also aware that a significant number of seniors will not come to senior centres, and it therefore developed a variety of methods to reach out to people in the community.

The centre has a monthly newsletter that has a circulation of 20,000. The newsletter not only tells about the centre and its activities, but addresses such issues as aging, concerns of older people, services and programs for seniors, and government policies as they relate to the elderly. It tries to raise the community's, and particularly older people's, consciousness about aging and the concerns of seniors. Not infrequently, it acts as a catalyst for social action.

The centre has conducted house-to-house outreach in neighbourhoods thought to contain a significant number of isolated older people. Of late, its outreach programs include "Peer Outreach" (training older volunteers to reach out as well as training instructors for outreach programs), home visiting, Letter Carrier Alert (the mail-carrier telephones the centre when a senior registered with the Alert program appears to be in trouble), Telephone Friendship (volunteers telephone isolated, older people), Christmas Calls (volunteers call members to convey season's greetings and refer for follow-up those members who expressed concerns or difficulties), Guardianship Friendly Visiting (volunteers visit isolated seniors under Public Guardianship to offer them support, comfort and friendship).

APPENDIX B1

Questionnaire Results: Of All Organizations Surveyed

Total organizations surveyed 119
responded 97
doing outreach 77

1) What is the purpose of your outreach program?

a) to locate isolated seniors 41
b) to locate seniors who need service 65
c) to inform people about services 71
d) to find out about seniors' needs 66
e) to bring service to shut-ins 66
f) to help seniors access services 69
g) to provide friendship and fellowship 55
h) other 12

2) On average, how may individuals does your organization reach out to each month?

Total 16,855
Average per month 251

3) How do you contact people in doing outreach?

a) door-to-door 22
b) by telephone 49
c) by visits on referral or request 71
d) by media publicity 35
e) by newsletter, posters, etc 46
f) by doing a survey 20
g) other 20
(e.g. word of mouth, verbal presentations)

4) What services do you provide related to outreach?

a) home visits 73
b) telephone contact 47
c) transportation 40
d) shopping 36
e) home assistance 32
f) surveillance 40
g) meal service 22
h) crisis intervention 46
i) follow-up 59
j) counselling 46
k) information/referral 68
l) advocacy 54
m) coordinate services 57
n) socialization 48
o) help person get funds 36
p) give funds 3
q) other 9

5) How many people in your organization are doing outreach?

a) number of staff (total in all) 1,128
b) number of volunteers (total in all) 2,101

6) Do you have a coordinator for volunteer services?

yes 43

7) Do you have volunteer

a) recruitment? 44

b) training? 42
c) supervision? 48
d) recognition? 42

8) Do volunteers get reimbursed for expenses?

yes 18

9) What background is required of staff? (please specify)

a) Skills – See B2, B3
b) Education – See B2, B3
c) Experience – See B2, B3

10) How is your outreach program funded?

a) FCSS 33
b) fund raising 11
c) PEP 7
d) STEP 5
e) New Horizons 7
f) other federal grant 2
g) no funds needed 3
h) health unit 38
i) other 4

11) Do you keep statistics on outreach work?

yes 57

If "yes", does the information help in:

a) understanding the need of older people? 48
b) planning your organization's services? 57
c) evaluating your organization's services? 57
d) service coordination in the community? 41
e) your applications for funding? 42
f) advocacy for groups with similar needs? 29
g) other 7

12) What are the major problems for your outreach program?

a) don't know how to get started 3
b) not enough interested volunteers 17
c) insufficient staff time 49
d) insufficient funding 46
e) conflicts with our other programs 14
f) no resources for follow-up 10
g) other 5

13) To assist in outreach work, does your organization believe it would be helpful to have:

1) a workshop on outreach? 30
2) a resource person to help you review your program? 26
3) literature on outreach? 36
4) brochures and other publicity material? 29
5) a newsletter on outreach? 28
6) other 11

APPENDIX B2

Questionnaire Results: Of FCSS-Funded and Other Social Service Organizations

Total FCSS-funded and other social agencies surveyed 65
responded 57
doing outreach 42

1) What is the purpose of your outreach program?

a) to locate isolated seniors 35
b) to locate seniors who need services .. 37
c) to inform people about services 37
d) to find out about seniors' needs 35
e) to bring service to shut-ins 37
f) to help seniors access services 36
g) to provide friendship and fellowship 38
h) other 7

2) On average, how many individuals does your organization reach out to each month?

Total 6,552
Average per month 156

3) How do you contact people in doing outreach?

a) door-to-door 14
b) by telephone 32
c) by visits on referral or request 37
d) by media publicity 22
e) by newsletter, posters 31
f) by doing a survey 13
g) other 10
(e.g. word of mouth, verbal presentations)

4) What services do you provide related to outreach?

a) home visits 39
b) telephone contact 31
c) transportation 37
d) shopping 27
e) home assistance 16
f) surveillance 11
g) meal service 8
h) crisis intervention 20
i) follow-up 29
j) counselling 21
k) information/referral 37
l) advocacy 28
m) coordinate services 27
n) socialization 37
o) help person get funds 23
p) give funds 3
q) other 6

5) How many people in your organization are doing outreach?

a) # of staff (total in all) 105
b) # of volunteers (total in all) 1,606

6) Do you have a coordinator for volunteer services?

yes 32

7) Do you have volunteer

a) recruitment? 32
b) training? 31
c) supervision? 35
d) recognition? 35

8) Do volunteers get reimbursed for expenses?

yes 13

9) What background is required of staff? (please specify)

a) Skills (most frequent named: communication, working with people)
b) Education (most frequent named: B.S.W.; gr. 12)
c) Experience – answers very varied

10) How is your outreach program funded?

a) FCSS 33
b) fund raising 11
c) PEP 7
d) STEP 5
e) New Horizons 6
f) other federal grant 2
g) no funds needed 3
h) health unit 3
i) other 4

11) Do you keep statistics on outreach work?

yes 37

If "yes", does the information help in:

a) understanding the needs of older people? 33
b) planning your organization's services? 33
c) evaluating your organization's services? 33
d) service coordination in the community? 24
e) your applications for funding? 30
f) advocacy for groups with similar needs? 19
g) other 5

12) What are the major problems for your outreach program?

a) don't know how to get started 2
b) not enough interested volunteers 10
c) insufficient staff time 25
d) insufficient funding 22
e) conflicts with our other programs 4
f) no resources for follow-up 6
g) other 4

13) To assist in outreach work, does your organization believe it would be helpful to have:

1) a workshop on outreach 20
2) a resource person to help you review your program? 18
3) literature on outreach? 25
4) brochures and other publicity material? 19
5) a newsletter on outreach? 22
6) other 9

APPENDIX B3

Questionnaire Results: Of Health Units (Community Health and Home Care)

1.1) Name and address of responding organization:

Questionnaires mailed out:

Community Health	27	....Returned	26
Home Care	27	....Returned	14
	54		40

1.2) Do you provide outreach services to seniors? ("Outreach" in this study means attempting to reach out to and inform people about social and health services and, if necessary, help them to obtain needed services).

Yes ..... 35 ....No 5

If your answer is "yes", please complete the rest of the questionnaire; if "no", please review the remainder of the questions to determine whether any may be relevant to your work and you may, indeed, be reaching out to seniors.

1.3) What is the purpose of your outreach services?

a) to locate isolated seniors 6
b) to locate seniors who need service 28
c) to inform people about services 34
d) to find out about seniors' needs 31
e) to bring service to shut-ins 29
f) to help seniors access services 33
g) to provide friendship and fellowship 17
h) other 5

2) On average, how many individuals does your organization reach out to each month?

Total 10,303
Approx. Average 370

3) How do you contact people in doing outreach?

a) door-to-door 8
b) by telephone 17
c) by visits on referral or request 34
d) by media publicity 13
e) by newsletter, posters, etc. 15
f) by doing a survey 7
g) other 10

4) What services do you provide related to outreach?

a) home visits 34
b) telephone contact 16
c) transportation 7
d) shopping 9
e) home assistance 16
f) surveillance 29
g) meal service 14
h) crisis intervention 26
i) follow-up 30
j) counselling 25

k) information/referral 31
l) advocacy 26
m) coordinated services 30
n) socialization 11
o) help person get funds 13
p) give funds 0
q) other 3

5) How many people in your organization are doing outreach?

a) # of staff (total in all) 1,023
b) # of volunteers 495

6) Do you have a coordinator for volunteer services?

yes 5

7) Do you have volunteer

a) recruitment? 12
b) training? 11
c) supervision? 13
d) recognition? 7

8) Do volunteers get reimbursed for expenses?
yes 5

9) What background is required for staff doing outreach?
(Please specify)

a) Skills (most frequently named)
– assessment
b) Education (most frequently named)
– RN
c) Experience (most frequently named)
– community health

10) How is your outreach program funded?

a) FCSS
b) fund raising
c) PEP
d) STEP
e) New Horizons 1
f) other federal grant
g) no funds needed
h) health units 35
i) other

11) Do you keep statistics on outreach work?

yes 20
If " yes", does the information help in

a) understanding the needs of older people? 15
b) planning your organization's services? 25
c) evaluating your organization's services? 24
d) service coordination in the community? 17
e) your applications for funding? 12
f) advocacy for groups with similar needs? 10
g) other 2

12) What are the major problems for your outreach program?

a) don't know how to get started 1
b) not enough interested volunteers 7
c) insufficient staff time 24
d) insufficient funding 24
e) conflicts with our other programs 10
f) no resources for follow-up 4
g) other 1

13) To assist you in outreach work, does your organization believe it would be helpful to have:

1) a workshop on outreach? 10
2) a resource person to help you review your program? 8
3) literature on outreach? 11
4) brochures and other publicity material? 10
5) a newsletter on outreach? 6
6) other (please specify) 2